

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90059 043 ***150.00

DOCUMENT # 666835

1. Entity Name

MEEKS GRAIN & MILLING, INC.



Principal Place of Business

RT 14 BOX 2435
LAKE CITY FL 32024
US

Mailing Address

RT 14, BOX 2435
LAKE CITY FL 32024
US

2. Principal Place of Business

8659 S.W. CR 240
Suite, Apt. #, etc.

3. Mailing Address

8659 S.W. CR 240
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

LAKE City, FL.
Zip 32024 Country Columbia

City & State

LAKE City, FL.
Zip 32024 Country Columbia

4. FEI Number

59-1995232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEEKS, GARY L
RT 14, BOX 2436
LAKE CITY FL 32024

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME MEEKS, GARY
STREET ADDRESS RT 14 BOX 2435
CITY-ST-ZIP LAKE CITY FL 32024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Change ☐ Addition
NAME MEEKS, GARY
STREET ADDRESS 8659 S.W. CR 240
CITY-ST-ZIP LAKE CITY FL 32024

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Addition
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TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GARY L MEEKS

1-26-05

386-752-4901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #